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Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

J. Matthew Yuskewich

, Treasurer

# 2015-07-28-03-00013004

FEC

FORM 1

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### STATEMENT OF **ORGANIZATION**

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NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
NEW DAY FOR	AMERICA		1111	
	4670 WINTE	DOET DDIVE		
ADDRESS (number and street)	4679 WINTER	RSET DRIVE		
(Check if address is changed)	COLUMBUS		OH 4	3220 - 8113
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	e-mail address)		
(Check if address	info@newday	/foramerica.com	<b>)</b> , , , , , ,	
is changed)				
COMMITTEE'S WEB PAGE ADI	ORESS (URL)			
	www.newday	foramerica.com	1 [ ] ] ]	
(Check if address is changed)			1 1 1 1 1	
2. DATE 07 21 2015				
3. FEC IDENTIFICATION NU	JMBER C	्रे १ - १००० वर्षा १९०० वर्षा विकास स्थापना विकास स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the bes	t of my knowledge and belief	it is true, correct ar	nd complete.
Type or Print Name of Treasure	J. Matthew \	uskewich CPA		Tradition to the detail that the distance of the contract of t
Signature of Treasurer	Khowin y	shil	Date 07	21° 2015
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009) Page <b>2</b>
j.	TYPE OF C	OMMITTEE
	Candidate	e Committee:
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
	(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name of Candidate	
	Candidate Party Affiliati	Office State Senate President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Con	nmittee:
	(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
	Political A	ction Committee (PAC):
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
	(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
	. ~	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
,	Joint Fund	Iraising Representative:
,	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	FEC ID number

7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records.  Full Name  4679 WINTERSET DRIVE							
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  NONE  Mailing Address  CITY  STATE  ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records.  Full Name  Mailing Address  4679 WINTERSET DRIVE  COLUMBUS  OH  43220 - 8113  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number J Leadership PAC Sponsor  TREASURER  Telephone number J Leadership PAC Sponsor  8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of the second o	Write or Type Committee Nam	ne .					
Mailing Address  CITY STATE ZIP CODE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sport  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records.  Full Name  Mailing Address  4679 WINTERSET DRIVE  COLUMBUS  COLUMBUS  Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number optional) of the treasurer of the committee; and the name and address of the committee; and the na	<b>NEW DAY FOR</b>	NEW DAY FOR AMERICA					
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7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records.  Full Name  J. Matthew Yuskewich CPA  Mailing Address  4679 WINTERSET DRIVE  COLUMBUS  OH  43220  8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of the committee; and		CITY STATE ZIP CODE					
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Title or Position  CITY  STATE  ZIP CODE  TREASURER  Telephone number  Telephone number  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of the committee and the name and address of the committee.	Mailing Address	4679 WINTERSET DRIVE					
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Telephone number  Telephone number  Telephone number optional) of the treasurer of the committee; and the name and address of the committee.		COLUMBUS OH 43220 - 8113					
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of	Title or Position	CITY STATE ZIP CODE					
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).</li> </ol>	TREASURER	Telephone number					
	Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).					
Full Name Of Treasurer  J. Matthew Yuskewich CPA	JU. IVIC	atthew Yuskewich CPA					
Mailing Address 4679 WINTERSET DRIVE	Mailing Address	4679 WINTERSET DRIVE					
COLUMBUS OH 43220 - 8113							
CITY STATE ZIP CODE  Title or Position  TREASURER  Telephone number							

	m 1 (Revised 02	/2009)			F	age 4
Full Name of Designated Agent	J. Matthe	w Yuskewich CPA	<u>.l., i., l. l.</u>	<u> </u>		
Mailing Address	[4	67,9 WINTERSET DRIV	/E	1111		
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